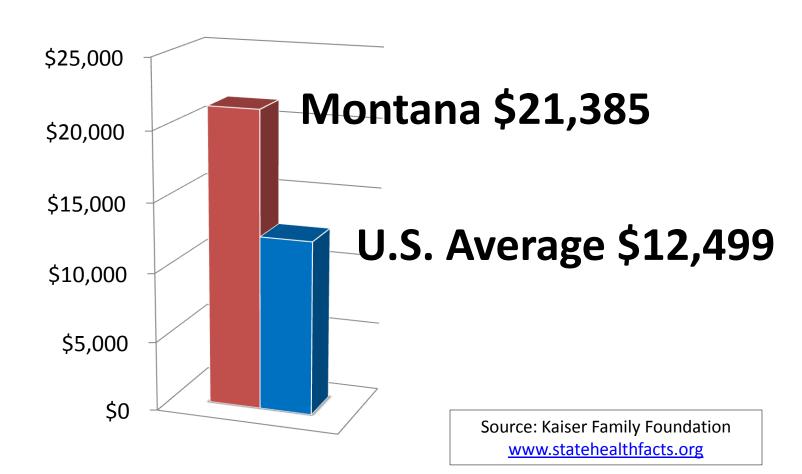
Montana pays \$1,200 more per consumer than the national average.



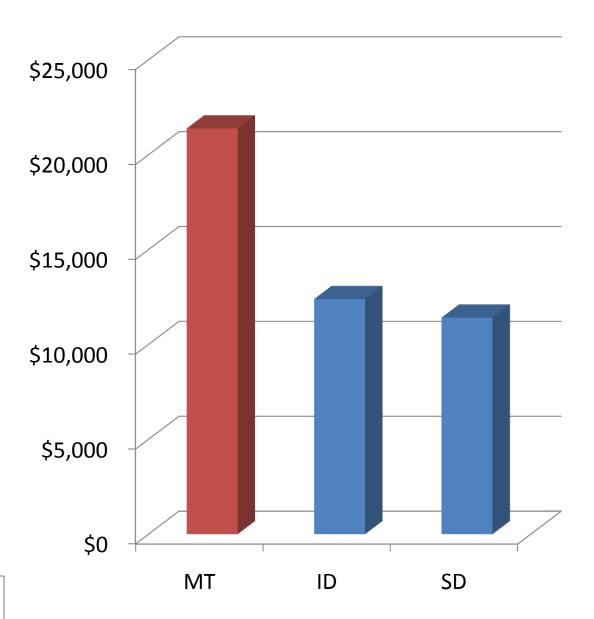
Montana \$6,385 U.S. Average \$5,165

Long term care for seniors in Montana costs nearly double the national average.

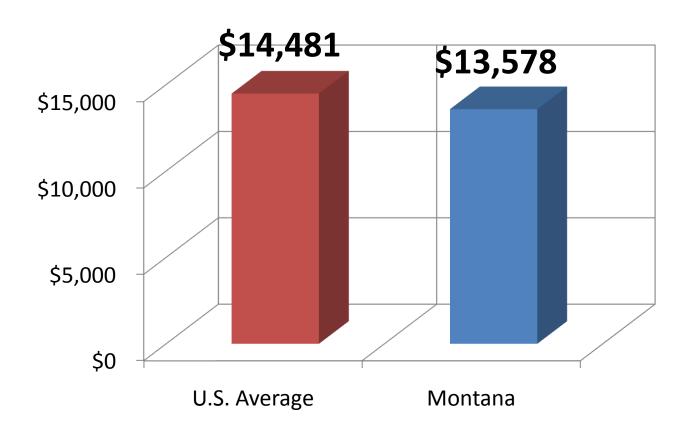
Only New York and Connecticut pay more.



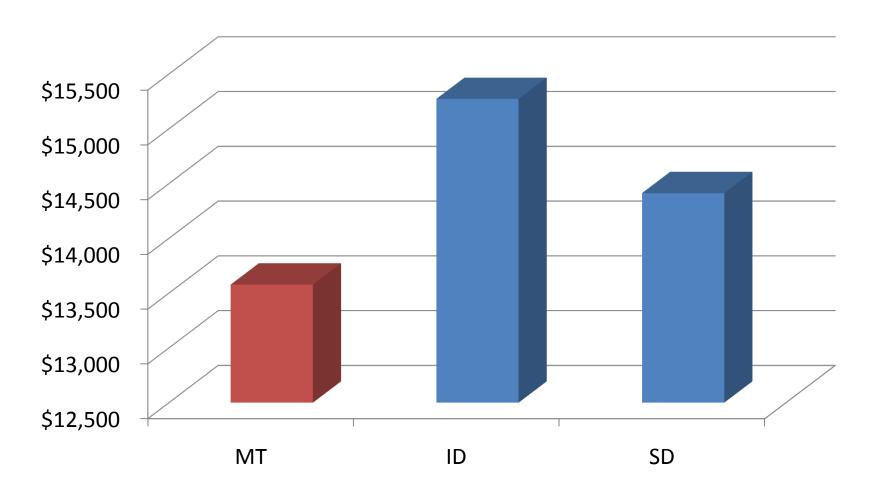
Regional Medicaid Long Term Care Costs

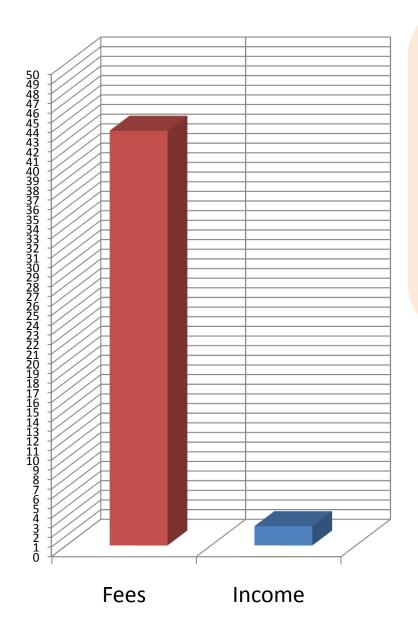


Disability Care for Montana Medicaid is slightly Below the National Average



Regional Disability Care Cost per Enrollee





Montana ranks among the seven states with the highest provider reimbursement rates in the nation.

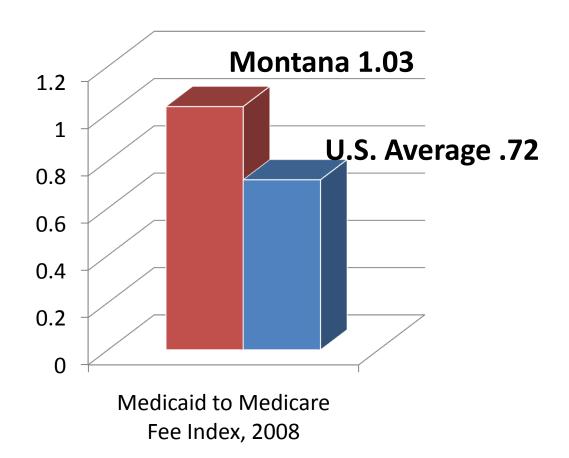
Yet Montana is ranked 2nd from the bottom in income.

Sources: US Census Bureau : <u>Income of Households</u> <u>by State Using 3-Year-Average Medians</u> and Kaiser Family Foundation <u>www.statehealthfacts.org</u>

Why is long term care so much more costly in Montana?

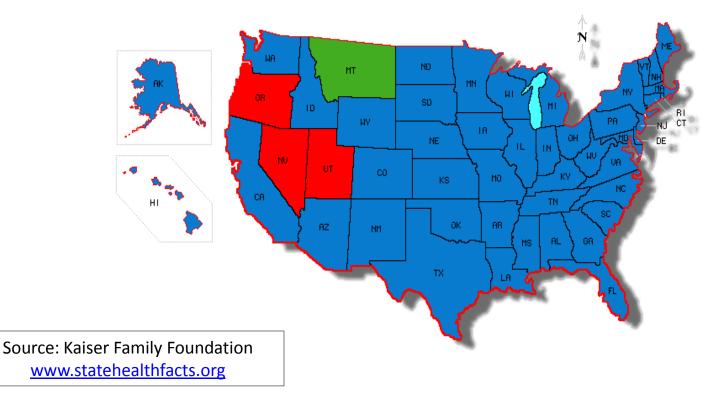
- Is it because other states provide more home care services than Montana?
- Is it because of our apparent number of empty beds that more is charged here?

Montana pays providers more for Medicaid than Medicare.

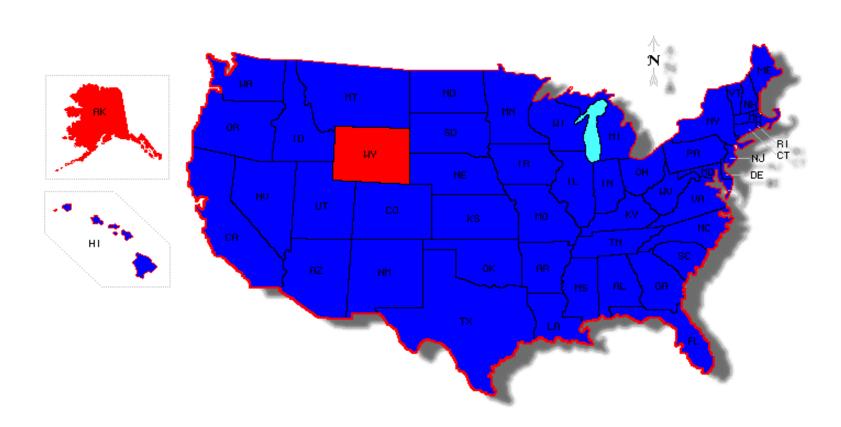


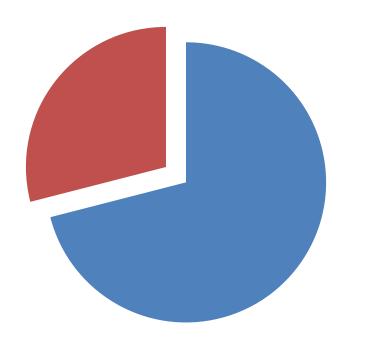
Only 3 states face a higher increase in Medicaid enrollment mandated by the Affordable Care Act than Montana.

- •Medicaid eligibility will increase from 56% of the poverty level to 133%
- •An additional 55,000 people will be added to the 101,000 currently enrolled



All states use managed care for Medicaid except Alaska and Wyoming.





Managed Care 71%

Today, 71% of Montana Medicaid enrollees are already contracted out to managed care.

Source: Montana DPHHS

Montana has 369 different contracts with 1003 individual providers across the state at a cost of \$5 million per biennium in management fees.

Source: Montana DPHHS

Montana Medicaid is a more comprehensive benefit program than Blue Cross Blue Shield programs including the state of Montana employee plan.

Freestanding Ambulatory Surgery Center Coverage

Medicaid

State of MT Traditional Employee
Cost Sharing

State of MT Managed Care Cost Sharing

\$5.00 per visit

\$600.00 Deductible, 25% coinsurance up to \$2500.00 average Maximum Member liability

In Network- \$425.00 Deductible, 25% coinsurance up to \$2000.00 Maximum Member Liability, Out of Network - \$650 Deductible 35% coinsurance up to \$3500 maximum member liability

Public Health and Mental Health Clinics Coverage

Medicaid

State of MT Traditional Employee
Cost Sharing

State of MT Managed Care Cost Sharing

\$1.00 per visit

\$600.00 Deductible, 25% coinsurance up to \$2500.00 average Maximum Member liability

In Network professional provider office visit \$15.00 copay, out of network has a separate \$650 deductible and 35% coinsurance up to \$3500.00 maximum member liability

Inpatient Hospital Services

Medicaid

State of MT Traditional Employee

Cost Sharing

State of MT Managed Care Cost
Sharing

\$5.00 per visit

\$600.00 Deductible, 20% -35% coinsurance up to \$2500.00 average Maximum Member liability

In Network- \$425.00
Deductible, 25% coinsurance up to \$2000.00 Maximum Member Liability, Out of Network - \$650 Deductible 35% coinsurance up to \$3500 maximum member liability

Eyeglasses

Medicaid Copayment Required

State of MT Traditional Employee Cost Sharing

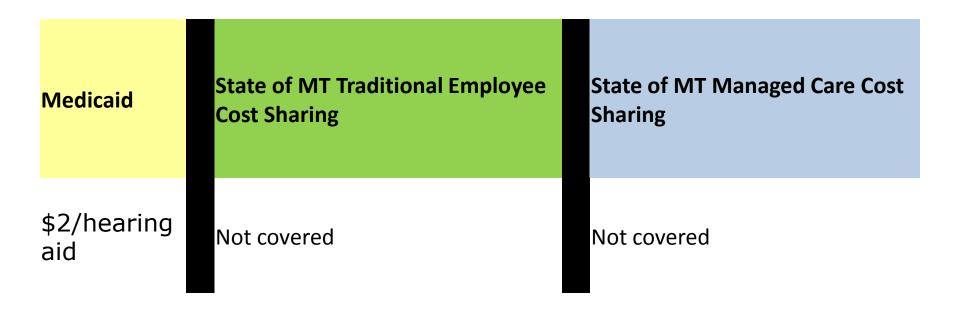
State of MT Managed Care Cost Sharing

\$2/pair

\$600.00 Deductible, 25% coinsurance up to \$2500.00 average Maximum Member liability

In Network \$425.00 Deductible, 25% coinsurance up to \$2000.00 Maximum Member Liability; Out of network has a separate \$650 deductible and 35% coinsurance up to \$3500.00 maximum member liability

Hearing Aids



Accountable Care Organizations

- Mentioned in 70 times in 9 separate sections of the Affordable Care Act
- The Patient Protection and Affordable Care Act of 2010 directs the Centers for Medicare and Medicaid Services (CMS) to create financial incentive programs for accountable care organizations (ACOs) by January 2012.
- ACOs are provider groups that accept responsibility for the cost and quality of care delivered to a specific population of patients in exchange for a financial incentive.

Bob Olsen, Montana Hospital Association

• "We're kind of in the dark on what the governor's office is thinking. There's been no communication at all. ... The only thing I can say is that we would be very interested in seeing the details of what they have in mind and how this might work."